

AUTHORIZATION FOR CREMATION AND DISPOSITION OF CREMAINS

NOTICE: THIS IS A LEGAL DOCUMENT. IT CONTAINS IMPORTANT PROVISIONS CONCERNING CREMATION. CREMATION IS IRREVERSIBLE AND FINAL. READ THIS DOCUMENT CAREFULLY BEFORE SIGNING.

NAME OF CREMATORY

NAME OF FUNERAL ESTABLISHMENT IN CHARGE OF ARRANGEMENTS

NAME OF FUNERAL DIRECTOR IN CHARGE OF ARRANGEMENTS

LICENSE NUMBER

I, THE UNDERSIGNED, HEREBY AUTHORIZE THE CREMATORY AND FUNERAL ESTABLISHMENT NAMED ABOVE TO CREMATE THE REMAINS OF:

NAME OF PERSON TO BE CREMATED (FIRST, MIDDLE, LAST)

I hereby certify that I have the legal right or am charged to authorize this cremation and the disposal of the cremated remains. I understand that due to the nature of the cremation process any **valuable metal**, including dental gold, will either be destroyed or not be recoverable. Any personal possessions accordingly have either been removed or may be destroyed. I further agree that I will indemnify and hold harmless the funeral establishment(s) and Funeral Director, their officers and employees from any liability, costs, expenses or claims resulting from this authorization.

I request that following cremation, the funeral establishment make disposition of the cremated remains as follows:

☐ Return to \_\_\_\_\_

☐ Return to any family member

☐ Direct \_\_\_\_\_ to \_\_\_\_\_ cremated remains at \_\_\_\_\_

(name of establishment)

(bury, scatter, entomb, etc.)

(location)

☐ I specifically agree that if the said cremains are left in the custody of \_\_\_\_\_ for over \_\_\_\_\_  
thirty (30) days, \_\_\_\_\_ may make whatever disposition of the cremains it  
deems appropriate.

NAME OF FUNERAL ESTABLISHMENT

NAME OF FUNERAL ESTABLISHMENT (initial)

Implanted Medical Devices:

I understand and acknowledge that defibrillators, pacemakers, other implanted battery-powered devices, radioactive implants and certain prostheses may create a hazardous condition when placed in a cremation chamber and subject to heat. I am providing the following information to the Funeral Establishment and the Crematory with regard to implanted medical devices (select one of the following two options):

☐ There are no devices implanted in the remains of the decedent.

There is an implanted device(s) listed below and I authorize the funeral establishment or the crematory to remove and dispose of the device(s).

Description of Device(s): \_\_\_\_\_

SIGNATURE

DATE

TIME

RELATIONSHIP TO DECEASED

TELEPHONE NUMBER

ADDRESS (CITY, STATE, ZIP CODE)

WITNESS

NAME

ADDRESS

NAME

ADDRESS

Revised 2016-08

**FUNERAL ESTABLISHMENT TO COMPLETE THIS SECTION:**

1. FULL NAME OF DECEASED

2. LAST PLACE OF RESIDENCE OF DECEASED

3. PLACE OF DEATH

4. PLACE OF BIRTH

5. DATE AND PLACE OF FUNERAL

6. ARRANGING FUNERAL DIRECTOR

7. INFORMANT'S NAME

RELATIONSHIP

8. DATE AND TIME WHEN CREMATION BEGAN

**DEATH CERTIFICATE FILING STATUS**

I hereby state upon my oath that prior to the cremation of the above named person that:

☐ A completed death certificate has been filed with the local registrar where the death occurred; or☐ Written authorization to cremate the body has been received from the medical examiner/coroner or physician who will be certifying the cause of death.

SIGNATURE

LICENSE NUMBER

TIME

DATE

**DISPOSITION OF CREMAINS**

By my signature, I have received the cremated remains of the deceased named on this form.

SIGNATURE

DATE RECEIVED

FUNERAL ESTABLISHMENT NAME

ADDRESS

By my signature, I have delivered the cremated remains of the deceased named on this form to:

LOCATION

SIGNATURE

DATE DELIVERED

If the cremated remains were delivered or placed other than by an employee of \_\_\_\_\_, NAME OF ESTABLISHMENT  
the name of the person who made the delivery or placement or the name of the business by which the cremated remains  
were shipped along with the receipt number is shown below.

NAME OF PERSON MAKING THE DELIVERY OR PLACEMENT OF CREMAINS

**NAME OF BUSINESS BY WHICH CREMATED REMAINS WERE SHIPPED**

NAME

RECEIPT NUMBER